



Docket No.: M4065.0216/P216-B  
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Kie Y. Ahn et al.

Group Art Unit: 2814

Application No.: 10/784,233

Examiner: Alonzo Chambliss

Filed: February 24, 2004

Allowed: July 7, 2005

For: SYSTEM-ON-A-CHIP WITH MULTI-  
LAYERED METALLIZED THROUGH-  
HOLE INTERCONNECTION

**COMMENTS ON EXAMINER'S  
STATEMENT OF REASONS FOR ALLOWANCE**

U.S. Patent and Trademark Office  
Customer Window, Mail Stop Issue Fee  
Randolph Building  
401 Dulany Street  
Alexandria, VA 22314

Dear Sir:

Applicants have reviewed the Examiner's Statement of Reasons for Allowance and wish to submit the following remarks. The Statement paraphrases several limitations from independent claims 59 and 132 as reasons for allowance of the claims. Applicants wish to note that independent claims 59 and 132 contain other limitations which, in combination with the limitations paraphrased by the Statement, render claims 59 and 132 allowable. Moreover, dependent claims 60-85, which depend from claim 59, and dependent claims 133-157, which depend from claim 132, recite limitations which, in combination with their base claims, render the dependent claims allowable.

Application No.: 10/784,233

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Otherwise, Applicants agree with the Statement that the allowed claims distinguish over the prior art.

Dated: October 7, 2005

Respectfully submitted,

By 

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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/784,233-Conf. #8349
<b>TOTAL AMOUNT OF PAYMENT</b>		Filing Date	February 24, 2004
(\$)		First Named Inventor	Kie Y. Ahn
1,715.00		Examiner Name	A. Chambliss
		Art Unit	2827
		Attorney Docket No.	M4065.0216/P216-B

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>04-1073</u> Deposit Account Name: <u>Dickstein Shapiro Morin &amp; Oshinsky LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
							<b>Small Entity</b>
							<b>Fee (\$)</b>
<b>2. EXCESS CLAIM FEES</b>							<b>Fee (\$)</b>
<b>Fee Description</b>							<b>Fee (\$)</b>
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
<b>Total Claims</b>							<b>Fee Paid (\$)</b>
<u>53</u> - 53 = _____ x _____ = _____							<b>Multiple Dependent Claims</b>
							<b>Fee (\$)</b>
<b>Indep. Claims</b>							<b>Fee Paid (\$)</b>
<u>2</u> - 3 = _____ x _____ = _____							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>		<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
<u>          </u> - 100 = _____		/50	(round up to a whole number) x _____		= _____		
<b>4. OTHER FEE(S)</b>							
							<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1501 Utility issue fee							1,400.00
1504 Publication fee for early, voluntary, or normal ...							300.00
8001 Printed copy of patent w/o color							15.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	28,371
Name (Print/Type)	Thomas J. D'Amico	Telephone	(202) 828-2232
		Date	October 7, 2005